




STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF MENTAL RETARDATION SERVICES  
ANDREW JACKSON BUILDING, 15<sup>TH</sup> FLOOR  
500 DEADERICK STREET  
NASHVILLE, TN 37243

**MEMORANDUM**

**DATE:** November 16, 2007  
**TO:** Kathleen Clinton, John Craven, and C.J. McMorran  
**FROM:** Stephen H. Norris  
Deputy Commissioner   
**SUBJECT:** Transitional Case Management

\*\*\*\*\*

Transitional Case Management is offered as a waiver service through the *Home and Community Based Services Waiver for the Mentally Retarded and Developmentally Disabled* ("Statewide waiver") and through the *Home and Community Based Services Waiver for Persons with Mental Retardation* ("Arlington waiver"). It is also available as an administrative service through the Self-Determination Waiver Program. This memo provides clarification regarding the circumstances when Transitional Case Management can be billed as a waiver service through the Home and Community Based Services (HCBS) waiver programs.

The purpose of Transitional Case Management is to provide assistance to a Medicaid eligible person residing in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) or other institutional setting in transitioning to HCBS waiver services. The Transitional Case Management must be provided during the last 180 consecutive days of the person's stay prior to being discharged from the institution and enrolled in a Medicaid HCBS waiver.

To be eligible to receive Transitional Case Management:

1. The service recipient must be residing in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) or other institutional setting (e.g., nursing facility, mental health institute);
2. The service recipient must have been determined to qualify for Medicaid HCBS waiver services upon discharge;
3. The service recipient must be discharged from the institution and enrolled in the Medicaid HCBS waiver on the same day; and
4. The Transitional Case Management must be provided during the last 180 consecutive days of the person's institutional stay prior to enrollment in the Medicaid HCBS waiver.

November 16, 2007

Page 2

A service recipient who is already enrolled in a Medicaid HCBS waiver and who goes temporarily to a nursing home or mental health facility shall not be eligible for Transitional Case Management. A service recipient who was disenrolled from a Medicaid HCBS waiver due to being institutionalized for longer than 120 days shall not be eligible for Transitional Case Management if, upon discharge, the service recipient is eligible for immediate re-enrollment in the waiver using the same "slot" or position in which the person was previously enrolled.

DMRS has established six Transitional Case Management reimbursement rates based on the number of months (i.e., one to six months) that case management services were provided. Regardless of the number of months that Transitional Case Management is provided, Transitional Case Management can only be billed one time (i.e., one date of service). The date the person leaves the ICF/MR or other institutional setting and is simultaneously enrolled in the waiver is the date of service for billing purposes.

If you have any questions, please contact Denine Hunt at (615) 741-6148.

SHN:wlm

cc: Denine Hunt  
Laura Doutre  
Debbie Payne  
Joanna Damons, R.N.  
Gina Lynette  
Louis Moore, M.D.  
Karen Carothers